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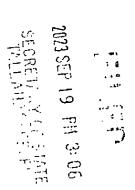
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COVER LETTER

TO:

Tallahassee, FL 32314

TO:	Registration So Division of Cor		•	G ·
cup is		BIG "O" DOJO LLC		
SUBJEC	.1:	Name of Lin	nited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sul	omitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
		Brittni Dragovich		
		 -	Name of Person	
			Firm/Company	
		2531 SW 21ST CT		
			Address	2023 SEC TA
		OKEECHOBEE, FL 3497	4	CRC SEP
		LaSalas Big C	City/State and Zip Code Doyo Damal . Com (to be used for future annual report notific	19 P
For furth	er information c	concerning this matter, please of	eall:	30 O6
Brittni D	Pragovich		at (772) 204-	5689
	Name o	f Person		Telephone Number
Enclosed	l is a check for t	he following amount:		
\$25.	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres Registration 5 Division of C	Section	Street Address: Registration Section Division of Corporation	
	P.O. Box 632		The Centre of Tal	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Brittni Dragwich La So (Name of the Limi	ted Liability Company as it now ap	pears on our records.)			
The Articles of Organization for this Limited L. Florida document number L23000399478		and assigned and assigned			
This amendment is submitted to amend the following	owing:				
A. If amending name, enter the new name of	of the limited liability compan	<u>y here</u> :			
The new name must be distinguishable and contain the vector new principal offices address, if applie (Principal office address MUST BE A STREET)	cable:	the designation "LLC" or the abbreviation "L.L.C."			
Trincipus Office suarem moor institution		S 20	<u> </u>		
Enter new mailing address, if applicable:		23 SEP TALLES			
(Mailing address MAY BE A POST OFFICE BOX)		9			
			_		
B. If amending the registered agent and/or agent and/or the new registered office addre		ur records, enter the name of the new regis	<u>tered</u>		
Name of New Registered Agent:	Brittni Dragovich				
New Registered Office Address:	2531 SW 21ST CT				
	Enter Florida street address				
	Okeechobee	, Florida 34974	_		
	Okeechobee City	, Florida ³⁴⁹⁷⁴ Zip Code			

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Brittni Dragovich	2531 SW 21ST CT	□ Add
		Okeechobee, FL 34974	■Remove
			□Change
MGR	Christopher LaSala, I	2531 SW 21ST CT	■Add
		Okeechobee, FL 34974	Remove
			Change
			S CANADA SERemove
			3 SE Remove
			□Change
			□Remove
			🗀 Add
			□Remove
			□Add
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			Change

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ffective date, if other than the date of filing:		<u>(()) </u>		_ (option	al)	want to 6	0 5 020'
an effective date is listed, the date must be specific and cannot be one: If the date inserted in this block does not meet the a	ipplicable s	tatutory filir	ig requireme	ents, this d	ate will	not be li	sted as
ocument's effective date on the Department of State's rec	coras.						
record specifies a delayed effective date, but not an effect	tive time, a	: 12:01 a.m.	on the earli	er of: (b)	The 90t	h day af	ter the
is filed.							
September 15 2023							
acci	 ·						
/ ///2/1///							
Signature of a member or	r authorized	representativ	of a membe	*			

Filing Fee: \$25.00